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THE PROPER METHOD

OF

DEALING WITH HABITUAL DRUNKARDS

BY

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THE PROPER METHOD OF DEALING WITH HABITUAL DRUNKARDS.

GENTLEMEN,

In venturing to read this paper to you this afternoon, I am acting in compliance with the request of your chairman; and it must not be supposed that I do so, because I flatter myself that I can add anything to the knowledge of a society of experts such as yourselves. I do not. On the other hand, I am quite aware, that as a new recruit to your ranks, I am far more likely to weary you with what must be an oft told tale in your ears. I nevertheless make the venture, because as Dr. Kerr said in his letter to me, "we must keep pegging away at the same old story" if we really wish to see this matter properly dealt with. I allude to the treatment of habitual drunkenness. Perhaps this disease is the very worst development of the animal side of human nature which the world has ever seen. Immorality in its various forms, irreligion, ambition, pride, of course all add their quota to the miseries of life, but inebriety in its effects does more mischief, if not than all these put together, at least than any one or two of them. It is the prolific parent of more than half the animal vices and the crimes of mankind. This then is my excuse—the force against which we are associated must be attacked by all means, however feeble they may be.

In essays such as this it is necessary to be precise and clear in the meaning of the words we use. First, then, what do we mean by the term Habitual Drunkard? In the Habitual Drunkards' Act he is defined as follows:—

"Habitual Drunkard" means "a person who not being amenable to any jurisdiction in lunacy, is notwithstanding, by reason of habitual intemperate drinking of intoxicating liquor, at times dangerous to himself or to others, or incapable of managing himself or herself, and his or her affairs."

For popular and legislative purposes this cannot be improved upon. But we want something more. We want a definition which while being not merely scientifically accurate, will also include such particulars as will be of good avail in dealing with these patients. For this purpose the following is suggested :—

“ The habitual drunkard is an animal of the human species, in whose nervous system is the physical basis of a habit of self-poisoning, by means of alcohol or some other deleterious substance, and in whom the nervous action which accompanies the habit has become automatic.”

This definition is not put forward with the idea of supplanting the former, but as giving a description of the features of the disease as they present themselves to the medical mind.

It will be observed that herein attention is drawn to the animal nature of man, and this is done with the intention of emphasizing the fact of the prepotence of that element of human nature in the individuals thus affected. They make “beasts of themselves” as old Matthew Henry says.

Again, in this definition it is asserted that the habit has its physical basis in the nervous system. To medical men there is nothing new in this localisation. Life is a congeries of habits from one point of view, and we know that all habits, all life is represented in the nervous tissues.

From this it follows that the habits do not necessarily connote diseased action of the nervous system; that it is possible as in this definition to speak of a habit as existing in the nervous system, without thereby predicating diseased action therein.

It is necessary to be a little particular and explicit on this point because of future allusion thereto. Your pardon and patience must therefore be asked for an explanation of what is here meant by nervous action.

The view taken is that stimuli of external origin whether mental or otherwise, excite in the bioplasm of the nerve corpuscles, certain molecular movements which are communicated to the processes of those corpuscles which go to form the nerve cords. If we throw a stone into a pool of water a series of concentric waves spread outwards in all directions. Some of these fade away without result, others may reach the bank of the pool, and there communicate their motion to the substance

of which that bank is composed. So it is with the molecular waves excited in a nerve corpuscle, they travel along the processes thereof, some reaching and passing on their motion to other nerve corpuscles, and some dying away in their processes.

Repeated waves will effect the strongest banks and there produce more or less marked effects.

Repeated nervous impulses produce permanent modifications in the arrangements of the bioplastic molecules. Where these impulses can be transmitted to other nerve corpuscles, such rearrangement of the molecules is more likely to take place, than when they die away before doing so, and thus a line of least resistance is established for future impulses, in other words a potential nervous habit is formed.

This is what is here meant by physiological nervous action, or by the words "physical basis of a habit."

It will thus be seen that habits may be strictly physiological and normal.

At the same time, it is not lost sight of, that habits and their nervous basis may be established by pathological conditions and stimuli which are the outcome of disease. Such, for example, as may be seen in that class of inebriates to which our President alluded at our last meeting.

The question as to whether the habit of drunkenness is always pathological is, however, more than doubtful.

Another point in the definition is the nature of the poison. Can we not include among these self-poisoners those who use other drugs besides alcohol?

It is here submitted that this can and should be done, and that doing so will add to the value of our definition, will enhance the strength of any future legislation we may be instrumental in securing. There is no necessity to specify what these drugs or substances may be. Any such which deprive a man of the due exercise of his will, which more or less bestialize him, should be included.

To turn now to the real subject of this paper, that is to draw attention to what in reality is the only method of dealing with such beings as habitual drunkards.

In 1879 an act was passed entitled "The Habitual Drunkards' Act." We are all familiar with this legislative achievement, but

I think I shall be correct in saying that few if any of us regard it as perfectly satisfactory, or have any intention of letting this be the last word in the matter. Some go so far as to irreverently characterise it as a failure, and consider that it is little more than a dead letter.

In a communication to the *Times* in the month of September last, Mr. Edward Neild drew attention to this act, and quoting from the report of the parliamentary commission on the subject, pointed out, that not only did this legislation fail to reach any beyond a mere fraction of the habitual drunkards, but that even when full advantage was taken of the powers therein conferred, these means were found quite inadequate *ad rem*. The numbers he gave to prove these statements were remarkable. It appeared that only 666 habitual drunkards had come under the influence of the act. Further, that of these, only from 30-35 per cent. could be said to have been cured.

The numbers are remarkable in more ways than one, but their peculiarity consists chiefly in their smallness.

The act, however, has not been without its uses. It has brought out prominently the fact, that in legislation for these cases, if real permanent good is contemplated, the voluntary element must be eliminated. It has been tried and has been found wanting.

Is it possible to cure an habitual drunkard?

Many people at once say, "No; it happens 'unto them according to the true proverb. The dog is turned to his own vomit again, and the sow that was washed to her wallowing in the mire.'"

"Experience," say they, "proves that it cannot be done."

But in thus speaking, they are asserting more than they are warranted in doing.

What experience of treatment has there been?

What means have been used?

How long have these means been persevered with?

In answer to these questions, it is here maintained—1st. That up to the present time there has been scarcely any experience of true treatment, *i.e.*, treatment from which the voluntary element has been excluded; 2nd. That this, the only treatment which offers a fair chance of success, is a means which has not

been tried ; 3rd. That there has been no experience which can limit the time required for such proper treatment.

It is one of the most undoubted, the most clearly established facts concerning the habitual abuse of intoxicants, that the subject of this habit is by them deprived of will power.

They cannot turn, they have lost their free will, being completely the slaves of their animal lusts. Where then is the hope in these cases, that by voluntary effort any significant number of them can escape from their thralldom ?

What is the use of legislation which leaves the question of treatment in their power ?

It is a disgrace to our intelligence, to our science, to our popular government, that now at the close of the nineteenth century we have failed as a nation to recognise that such people are not sane human beings. That we have as yet failed to class them as they should be classed, *i.e.*, as lunatics. I would go further than our chairman in this matter. Not only would I recognise the insanity which is the result of intoxication, but I would cut the Gordian knot by looking upon habitual drunkenness as lunacy in itself. It is common parlance to say of such people, that they are "mad," but at present we get no further than saying so. Other lunatics are restrained, why should not these also be coerced for their good.

The present tendency of thought is towards socialism. Surely no doctrine is more purely socialistic than that we should aim at the greatest possible good for the greatest number.

Let us apply this principle to the present case. Let us aim at true liberty of the subject.

Liberty of the subject, personal liberty, does not consist in using that liberty "as a cloak of maliciousness." Such abuse of liberty we are bound to oppose ; and it is in these people, these habitual drunkards, that we have flagrant example of such abuse of our vaunted personal liberty. Where shall we meet with such malicious foes to their neighbours, their friends, their relatives, as habitual drunkards.

For these reasons therefore, it is contended that it is the bounden duty of all sane individuals whether members of the legislature, medical men, or in private capacity, to do their best to the utmost limit of their powers to forward legislation which

will enable the community to coerce these individuals, to compel them to submit to treatment, which will benefit not only themselves, but all those with whom they are in social contact.

For it is possible so to benefit them, and the true answer to the question "Can habitual drunkenness be cured" is an emphatic, an "everlasting yea." If the feeble voluntary effort plan can effect a cure in 35 per cent. of those whom it has influenced, the real potent remedy of coercion should reach to close upon cent. per cent.

In the number six hundred three score and six (shall we say of the beasts), which Mr. Neild gives, we see the small proportion of these people who really want to be cured. Any medical man, or for the matter of that any intelligent being must be aware of how small a fraction this really is.

The fact is these poor people, for however much we may despise them, they are pitiable, these poor people must have external help. It is not enough only to attack publicans and other sinners who are credited with encouraging them in their evil ways. They must be tackled themselves and helped even in their own despite.

One of the grounds for the affirmative answer to our question has already been given. It is the percentage of cures reported to have been effected by the present system.

Another is to be found in the nature of the complaint.

Drunkenness is a habit, a bad one without doubt, but we must remember that what we have recognised as the physical nervous basis of the habit is not necessarily a pathological one.

That it may be congenital is sometimes the case. Temperament again may have something to do with it, a modern writer, Shelbourne Harvey, says "Temperament lies behind habit, the one is the mould of the other."

But again, it may be brought about independently of either heredity or temperament. It may be the result of pure self indulgence of the individual. Whatsoever be the prime cause of the use of the poisons, the persistent indulgence, which constitutes the habit is the spontaneous act of the will. But in any case the habit does not necessarily betoken a diseased action of the nervous system. That it, by the action of the drug, causes disease to appear in different organs goes without saying, but it is

this fact, that the nervous action concerned need not be abnormal which gives the second reason for our affirmative answer to the question.

If on the other hand it could be shown that the nervous physical basis were really pathological, of course this reason would be invalidated. But this has never been done, and there is a great difference between abnormalities caused by habits, and the habits themselves.

There are other forms of insanity in which no pathological condition has been found and there is very little doubt but that here may be drawn the line between the curable and the incurable cases of lunacy. Incurable that is so far as our present knowledge goes.

The indication is to eradicate the bad habit, to substitute in its place a habit or habits which will be beneficial in their action.

With habitual drunkards this can only be done by coercion, by treating them as we do other lunatics. To do this it is necessary that power should be placed in the hands of the community by the legislature.

We want an act of parliament which will make the exercise of this power as compulsory as is the restraint of lunatics.

It must be made the duty of all, to see that these lunatics are restrained.

The Lunacy Act, 1890, might well form the model for drafting such an act. Nearly all the provisions of this act are applicable to habitual drunkards. Indeed it is almost, though not quite sufficient to alter the word "lunatic" wherever used in the act into "habitual drunkard." Not quite, however, for there is one important exception, at least in the opinion of some. The lunacy act contemplates the collection of lunatics in asylums, favours this proceeding we may say.

Now habitual drunkards differ from other lunatics in this—that their insanity is the same in each case. Other lunatics all have points of difference, but the delusion of habitual drunkards is one and the same in all. For this reason, it is contended, that it is not advisable to herd them together. They should be kept apart from each other. There is only one direction in which they require to be coerced. They must be prevented from indulgence in their poisons. As regards other matters, habitual drunkards might have liberty.

In this point then the lunacy act would require modification, and by adopting such a course one considerable obstacle to such legislation for habitual drunkards would be removed. For by thus dealing with them they might still be able to work for their living. We must remember that if we make it compulsory, if the legislature says that all habitual drunkards shall be put under restraint, great hardship might be caused to innocent beings dependant upon these for livelihood. The restraint then must be such as interferes in the slightest possible manner with the life work of the patient. Cases of hardship must occur even under the best regulations, but we should try and reduce such to the minimum; and even in such cases the ultimate benefit will go far to remedy the evil.

To collect such cases in large numbers in asylums or retreats is a mistake. The maintenance of such institutions if the work is done properly is almost bound to be a financial failure. These patients require far more close watching than do ordinary lunatics or habitual drunkards who are really anxious to overcome their habit. The staff of attendants which would be required would be very large, and the greater therefore would be the risk of corruption and the expense. It would be far better, both for the patients and for those who have to apply the restraint, that their numbers should be strictly limited.

Two or three habitual drunkards are the outside that it is possible for any one man or woman to look after properly. Nor is it absolutely necessary that they should always be in the care of medical men. It goes without saying, that doctors are the best men to have charge of such patients, but it would be quite possible to find people outside the profession who could be trusted to apply the necessary restraint. With pauper drunkards, it would be more difficult to prevent association, though even for them it might be possible to find homes among their own class. For this purpose use might be made of the members of temperance societies and bands of hope. It would not entail more expense if they were farmed out where they could work, than if they were herded in workhouses to spend their lives in idleness. In this way it would be possible to eradicate the baleful habit.

Compel them to "purge, leave sack, and live cleanly," en-

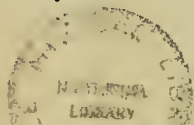
courage them to make use of what powers they possess, substitute healthy habits in the place of those which sink them to the level of the brutes that perish, and so restore them to the ranks of the workers, to their proper social position.

Next as to the period during which this restraint should be kept up. This must vary with the cases. But in no case should the restraint of an habitual drunkard be in any way relaxed under a year. For some it might be necessary to maintain it for two years or even more. Total abstinence for such periods combined with employment has within my own personal experience proved effectual, and when once these means can be compulsorily used similar results must accrue.

What then are the obstacles which we shall encounter before we can secure that we know to be right?

First and foremost is that inherent dread of all Englishmen of tampering with the liberty of the subject. In legal minds this dread is specially rampant. For them the liberty of the subject occupies the place which the right divine of Kings occupied in the minds of the cavaliers of old. They fear the least encroachment thereon, forgetting what the word liberty really means in its highest sense. We have seen what it does not mean, and we claim to know its true significance, but all do not see with our eyes. It must be our endeavour to spread the truth to show that it is absolutely essential for the well-being of the community that the so-called liberty of habitual drunkards must be curtailed.

Another obstacle has been slightly touched upon already. It is the fear that by restraining, by coercing these people, we shall in some cases cause hardship. Under the best scheme some hardship is inevitable, but we can reduce it to its minimum if we do not deprive these individuals of the power of doing some work. And after all, when we consider the little real use they are, nay! the infinite amount of mischief they do in the present, and the misery they entail upon the future, by procreating offspring foredoomed to wretchedness, when their systems are impregnated with such pernicious substances as alcohol, morphine, chloral, *et hoc genus omne*. Seeing that they inflict untold misery in their drunken bouts upon their wives, husbands, or children. That they are the fertile source of crime of all kinds. When



then we consider all this, the hardship we may inflict begins to look very small, and indeed sinks into insignificance.

Gentlemen, our case is strong, what we aim at must come. It is the function then, the duty of those who recognise these facts to strive with one accord to this end, and to accomplish the restraint by law of the habitual drunkard with as little delay as possible.

